



## U.S. Department of Veterans Affairs

Veterans Health Administration  
Michael E. DeBakey VA Medical Center

### Volunteer Interest Questionnaire

Thank you for inquiring about volunteer opportunities at the Michael E. DeBakey VA Medical Center. Please take a few minutes to complete our Volunteer Interest Questionnaire. You will be contacted by a staff member in the VA Center for Development & Civic Engagement, if there is a position that matches your interests, skills and availability and meets our current medical center needs.

\* **Required fields** (please print)

\***Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

\***Name:** \_\_\_\_\_

\***DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

\***Address:** \_\_\_\_\_

\***City, State, Zip:** \_\_\_\_\_

\***Primary Phone Number:** \_\_\_\_\_

\***Email Address:** \_\_\_\_\_

\*Are you at least 18 years of age? ☐ Yes ☐ No (If no, ask about our Teen Volunteer Program.)

Please indicate your availability for the following shifts:

\*Select all that apply ☐ Weekday mornings  
☐ Weekday afternoons  
☐ Occasional Volunteer on weeknights or weekends

\*Are you currently a college student? ☐ Yes ☐ No

\*Are you fulfilling a school requirement? ☐ Yes ☐ No (If yes, please explain.)

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\*Please select your employment status.

☐ Full-time ☐ Part-time ☐ Retired ☐ Unemployed

\*Are you a Veteran? ☐ Yes ☐ No



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\*Are you currently participating in or on the waiting list for TWE/IT program? ☐ Yes ☐ No

\*What type of volunteer position interests you?

- ☐ Direct Patient Contact  
☐ Limited Patient Contact  
☐ No Patient Contact

\*Are you available to commit to volunteering for a minimum of six months? ☐ Yes ☐ No

\*What attracts you to the MEDVAMC volunteer program?

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\*Are your commitments long term or short term volunteering?

- ☐ Short-term goals: \_\_\_\_\_  
☐ Long-term goals: \_\_\_\_\_

Is there a type of volunteer position that interests you? ☐ Yes ☐ No (If yes, please explain.)

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Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>For Office Use Only</b>	
Comments:	Staff Initials:
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Orientation Date: ____/____/____	